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THE SECRETARY OF THE AIR FORCE**

**AIR FORCE TACTICS, TECHNIQUES, AND
PROCEDURES 3-42.56**



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Tactical Doctrine

HIGH ALTITUDE AIRDROP MISSION SUPPORT OPERATIONS

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PURPOSE: The Air Force Tactics, Techniques, and Procedures (AFTTP) 3-42 series of publications is the primary reference for medical combat support capability. This AFTTP, 3-42.56, provides tactics, techniques, and procedures (TTP) for High Altitude Airdrop Mission Support (HAAMS) for special operations, research and development, humanitarian and psychological warfare during peacetime and wartime operations. Since HAAMS is only one component of the larger Department of Defense (DoD) mobility airlift enterprise, the guidance is designed to assist planners in the successful integration of HAAMS into mobility airlift operations and interface successfully with joint operations. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of in accordance with Air Force Records Disposition Schedule (RDS) maintained in the Air Force Records Information Management System (AFRIMS) located at <https://www.my.af.mil/afirms/afirms/afirms/rims.cfm>. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*. Route AF Form 847 through the appropriate chain of command and parent Major Command (MAJCOM).

APPLICATION: This publication applies to active duty Air Force, Air Force Reserve, and Air National Guard personnel on flying status, passengers in certain types of aircraft, and other personnel who perform HAAMS. The doctrine in this document is authoritative but not directive.

SCOPE: The primary mission for the HAAMS Center/Physiology Technician (PT) is to provide in-flight physiological support IAW AFI 11-409, *High Altitude Airdrop Mission Support Program*, to aircrews, parachutists and mission essential ground personnel performing unpressurized airdrop operations at 20,000 feet mean sea level (MSL) and above. These airdrops

could be, but are not limited to: DoD Special Operations High Altitude Low Opening (HALO)/High Altitude High Opening (HAHO) personnel and equipment drops, Military Information Support Operations (MISO-formally PsyOps), equipment testing and research operations, and humanitarian aid operations. Air Mobility Command Surgeon General (AMC/SG) is the Manpower and Equipment Force Packaging (MEFPAK) Responsible Agency (MRA).

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CHAPTER 1

HIGH ALTITUDE AIRDROP MISSION SUPPORT OPERATIONS

1.1. Purpose. This document describes the TTP for HAAMS Unit Type codes (UTCs) FFQBB (personnel team) and FFQB1 (equipment pallet). In accordance with AFI 11-409 *High Altitude Airdrop Mission Support Program*, HAAMS personnel are specially trained PTs (AFSC 43A3 or 4M0). PTs provide in-flight physiological support to aircrews and Special Operations Forces (SOF) High Altitude Parachutist (HAP) performing unpressurized airdrop operations at 20,000 feet MSL and above (or upon aircraft or airborne commander's request). These airdrops could be, but are not limited to: DoD SOF HALO/HAHO personnel and equipment drops, MISO, equipment testing and research operations, and humanitarian aid operations. Any unpressurized airdrop missions at 20,000 feet MSL and above require USAF HAAMS trained/certified PTs IAW AFI 11-409.

1.2. HAAMS Capabilities. Personnel UTC FFQBB are fully capable of deploying with the FFQB1 equipment package or independently. PTs will be permanently assigned as Operational Support Flyer (OSF) to support a deployed, forward-based, and/or other fixed airbase operation. Team members are designed to operate under the control of the deployed commander and/or user group and meet OSF requirements IAW AFI 11-202 Vol 1, *Aircrew Training*.

1.2.1. UTC FFQBB. The FFQBB Mission Capabilities Statement (MISCAP) provides two-person teams for physiological support to aircrew and on-board personnel during unpressurized flights at or above Flight Level (FL) 200 or as otherwise requested. PTs are specially trained and are responsible for monitoring aircrew, parachutists and other on-board personnel. Team(s) will be equipped to function 30 days without re-supply. Only active duty, world-wide deployable personnel with AFSC 43A3, 4M051, 4M071 and 4M091 skill levels may fill this UTC. AFSC substitutions are not authorized without prior approval from AMC/SG.

1.2.2. UTC FFQB1. UTCs must be capable of stand-alone operations within their functional area. The manpower UTC must be able to perform its mission from a bare base or established main operating base or, if designed to meet main operating base requirements, must be able to combine with additional UTCs to meet requirements of bare base operations. The FFQB1 was designed for this purpose and its MISCAP describes and lists aeromedical equipment and supplies for the two-person HAAMS team. The equipment package allows the team to support various contingency operations for 30-days without re-supply.

CHAPTER 2

ROLES AND RESPONSIBILITIES

2.1. AF Surgeon General (SG). HQ AF/SG provides medical, technical, fiscal, and administrative supervision and support needed to carry out the HAAMS Program. The AF/SG has assigned the AMC/SG as the AF HAAMS MEFFAK Responsible Agency (MRA).

2.2. Headquarters Air Mobility Command Surgeon (HQ AMC/SG). Provides command oversight, operational and MEFFAK management of the HAAMS Program. Provides medical, technical, fiscal, and administrative supervision and support needed to carry out the HAAMS Program. Is the approving authority for MISCAP changes. The AMC/SG has delegated management of the HAAMS Program to the AMC 4M0X1 Enlisted Functional Manager or designated representative.

2.3. AMC Aerospace Physiology (43A and 4M0X1) Consultants. Serve as points of contact for HAAMS operations and will ensure the training, regulatory, fiscal, and resource requirements of personnel and equipment are met.

2.4. HAAMS Center Director and Superintendent. Ensures the HAAMS Program is conducted IAW AFI 11-403, *Aerospace Physiology Training Program*, AFI 11-409 and other applicable directives. Responsible for personnel, overall administration, operations, training, maintenance, stan/eval and support of the program. Will ensure PTs are properly trained, equipped and available for tasking(s). Ensures the HAAMS Center's budget reflects all AF-wide projected HAAMS training and equipment requirements. Facilitates all aspects of HAAMS operations and maintains MR PT status.

2.5. AF HAAMS Program Manager. Manages and serves as the subject matter expert and contingency tasking agency for the AF HAAMS Program. Provides program and global tasking status to the AMC/SG as requested. Interfaces with AMC/SGX on HAAMS Program capabilities to assure proper manning and utilization of these assets during wartime and/or non-contingency operations. Coordinates with DoD agencies requiring HAAMS capabilities. Builds and manages all standardized checklists, forms, and consolidates post-mission reports. Annually compiles and submits operational support man-month authorizations to the AMC Aviation Records Management (ARM) Office. Coordinates support for joint tasking(s), receives and reviews post-mission reports from all tasked team leaders. Designs and manages PT upgrade training and certifies final evaluation. Pre-briefs and selects PTs based on qualifications, aircraft, mission requirements and Stan/Eval. Coordinates Aeronautical Orders (AO) with the Host Aviation Records Management (HARM) Office upon receipt of tasking letter and ensures PTs have appropriate training, flight and oxygen equipment to perform the mission. The program manager will maintain MR PT status.

2.6. Medical Group/Squadron Commander. Ensures FFQBB members are appointed, trained and are ready for deployment or non-contingency tasking. Provides medical, fiscal and administrative support to ensure successful training, pre-deployment planning, deployment and re-deployment.

2.7. Medical Group Readiness Flight. The Medical Readiness staff is responsible for identifying personnel shortages and reporting readiness status of FFQBB and FFQB1 assigned via the unit Medical Resource Letter (MRL), Status of Resources and Training System (SORTS), Defense Readiness Reporting System (DRRS), Enhanced Status of Resources and Training System (ESORTS), and AEF Reporting Tool (ART). Additionally, the Medical Readiness Flight will notify members assigned to UTCs about changes in pre-deployment training and medical requirements.

2.8. Pilot Unit. The FFQBB and FFQB1 pilot unit is the HAAMS Center at Little Rock AFB, AR. In accordance with AFI 41-209, *Medical Logistics Support* and AFI 10-401, *Air Force Operation Planning and Execution*, the pilot unit is responsible for developing and maintaining standard manpower and equipment allowance standards (AS) and logistic details for each UTC for which it has been assigned responsibility by the MRA.

2.9. HAAMS Center Standardization/Evaluation Non-Commissioned Officer in Charge (NCOIC). Answers directly to the HAAMS Center Director and oversees formal evaluations on all HAAMS team members every 17 months, or more frequently if deemed necessary to ensure currency and proficiency. Will ensure formal evaluations and no-notice check rides are accomplished IAW 11-409. The NCOIC will manage and maintain strict control over PTs 6-part Flight Evaluation Folder (FEF). The NCOIC will maintain MR PT status.

2.10. Mission Ready (MR) PT. Member who is available, current and qualified. PTs will immediately report any changes to their MR status to the HAAMS Program Manager.

2.11. Non-Mission Ready (NMR) PT. Member who is non-current, incomplete in required continuation training, unavailable due to other tasking or not qualified to perform HAAMS.

CHAPTER 3 PRE-DEPLOYMENT/PLANNING

3.1. Overview. The Pre-Deployment/Planning phase includes maintenance of UTC team member training, qualifications and/or equipment, and planning for employment of medical assets in support of contingency/non-contingency operations. UTCs FFQBB/FFQB1 are enablers. They do not deploy in AEF Tempo Bands; however, they may deploy with short-notice, requiring the member(s) or package to be in a ready state at all times.

3.2. Mobility Status/Medical Readiness. Only MR PTs will occupy UTC positions. Status of MR PTs filling a UTC position will be strictly monitored by the HAAMS Program Manager. The HAAMS Program Manager will be notified immediately of changes in a PT's mobility status. MR PTs must complete all required ground and flight Mission Essential Task List (METL) items as well as Readiness Skills Verification Program (RSVP) requirements. MR PTs will also be evaluated by Stan/Eval every 17 months.

3.3. Pre-Mission/Deployment Planning. This phase formally begins when tasked. However, mission demands can occur with little notice and it's each PT's responsibility to be ready and prepared to deploy quickly. They will complete each item on the Mission Checklist (refer to AFI 11-409). Essential equipment must be carried, or coordinated with user group, and approved for use IAW the HAAMS Equipment List (Attachment 2). PTs will be placed on operational support AOs and receive intelligence threat briefings based on mission, location and user group. PTs will contact the user group as soon as possible and discuss expectations, show times, drop schedule, aircraft availability for pre-rigging and contact information (e.g., cell phone number, lodging). Contact the local flight surgeon and obtain 24-hour medical emergency contact information, nearest hyperbaric facility, and physiological incident plans. Discuss pre-breathing requirements, exposure limits and rigging configurations with the user group and aircrew. The loadmaster (LM) is the final approving authority for all rigging configurations. If necessary, ensure an instructor aircrew member conducts emergency and egress procedures for all PTs. Document ground training on AF Form 4022 *Aircrew Training Folder*. PTs will brief aircrew, parachutists and MEGP prior to any drop at or above FL200. Additional briefings will be given as required for new personnel not briefed previously and during extended missions for refresher purposes. PTs should also brief personnel on any SII or problem areas observed on previous missions.

3.4. Passport. All members, upon assignment to the FFQBB, will obtain official passports purchased at government expense.

3.5. HAAMS Pre-Deployment Training Contingency Course(s). The FFQBB UTC may be called to support various DoD user groups with unique missions. These groups may require pre-deployment user group orientation, HAAMS specific equipment, intelligence, combat training and/or briefings. This additional training is conducted at Little Rock AFB. Specific list and length of course(s) will be included in the AEF tasking, and the PT must expect and plan for this training prior to deployment.

3.6. Equipment and Supplies. The FFQB1 is the UTC HAAMS equipment package and will be inventoried at least annually IAW AFI 41-209. The FFQBB team chief is responsible for the familiarity of all members with the HAAMS equipment package content inspections and pack-out guide. Teams will deploy with either an electronic or hard-copy listing of the AS for pack-out and re-supply actions. Deploying FFQBB members should also perform an inventory of the FFQB1 equipment package against the AS upon notification of deployment to ensure the package is complete and that items with expiration dates will not expire during the deployment. FFQBB team members will complete their own Shipment Declaration of Dangerous Goods forms for hazardous items in their deploying equipment. They will present these forms to the appropriate agencies IAW the base Installation Deployment Plan and present a copy to the deploying commander.

3.7. Aircrew Flight Clothing and Equipment. PT members must be properly equipped to perform duties in the flying environment to include issue of aircrew-specific personal protective clothing items. HAAMS members must have the same flight personal protective clothing, equipment, and protection equipment as aircrew. Each member will be issued initial protective clothing and equipment items (e.g., flight suit, gloves, boots, flight jacket, etc.) for non-contingency HAAMS flight operations. For individuals tasked to deploy, a list of minimum-required protective clothing and equipment items for flight operations will be listed on the AEF Center website. HAAMS operations do not fall under the Operations Group for training and equipping and do not receive support from Aircrew Flight Equipment personnel. It is the responsibility of the home station Medical Treatment Facilities (MTF)/CC to properly train and equip each member identified to fill HAAMS position requirements.

3.8. Pre-Deployment Health Risk-Assessment. All members will complete DD Form 2795, *Pre-Deployment Health Risk Assessment*, as soon as possible after they have been tasked or within 60-days prior to deployment. This self-assessment is immediately reviewed by a health care provider. DD Form 2795 is required for OCONUS deployments to a non-fixed MTF for more than 30-days.

CHAPTER 4 OPERATIONS/PRE AND POST-DEPLOYMENT

4.1. Execution Authority. Personnel may be deployed to support various DOD user groups. Deployment tasking will provide additional information on the organization requesting support. Each member will be briefed on their Overseas Contingency Operations (OCO) chain of command once they arrive in theater.

4.2. Employment. High altitude personnel and equipment airdrop procedures may be employed during clandestine operations or in areas where small arms threats preclude conventional low-altitude deliveries. Airdrops above 3,000 feet above ground level (AGL) are considered high altitude drops. At least one PT is required per 16 personnel, or as required by mission design series (MDS)-specific instructions, for all unpressurized high altitude missions conducted at or above 20,000 feet MSL. It is recommended that at least two PTs be assigned to each mission, one of which must be MR. PTs also may support missions below 20,000 feet MSL when requested by an air tasking order, the aircrew, or the user's operations mission planner.

4.3. Prior to First Mission Sortie. PTs will review current applicable regulations, aircraft instructions, and HAAMS checklists and briefing guide. PTs will be placed on 9C operational support AOs and receive required intelligence threat briefings. They will utilize the HAAMS briefing guide in AFI 11-409 and brief all aircrew, parachutists and/or MEGP prior to any mission at or above FL200. They will coordinate with the local flight surgeon on procedures for transfer of individuals suspected of decompression sickness to a hyperbaric facility. They will brief the aircrew, jumpmaster and/or other essential personnel on handling procedures of in-flight equipment and medical emergencies. They provide pre-flight briefings on the physiological/physical hazards of the mission, pre-breathing procedures, effects of environmental stresses, proper use of in-flight supplemental oxygen equipment, and any other special physiological considerations (depending on the mission profile) to all aircrew, parachutists, and additional passengers prior to the mission. PTs monitor aircrew, parachutists, MEGP and passengers during the mission and manage in-flight physiological reactions until relieved by a flight surgeon. They advise aircraft commanders and jumpmasters on safe decompression schedules, altitude and time restrictions, and the disposition of in-flight decompression sickness reactors requiring hyperbaric treatment. PTs also advise and assist aircrew and jumpmasters on aircraft equipment rigging and in-flight operation, monitoring and management of supplemental oxygen consoles and aircrew/parachutist portable oxygen equipment.

4.4. During Mission Sorties. The PTs will provide adequate support to aircrew, jumpers and MEGP during flight(s). PTs will maintain oxygen discipline and monitor and record times and altitudes to which crew and other personnel were exposed from take off to landing.

4.5. Post-Mission/Deployment. The team leader is responsible for completing the post-mission checklist and submitting a trip report to the HAAMS Program Manager within 10 calendar days of returning. The team leader will complete applicable flight forms (e.g., AF Form 4022 *Aircrew Training Folder*, AF Form 4023 *Aircrew Training Progress Report*, AF Form 4024 *Aircrew Training Accomplishment Report* and AF Form - 4025 *Aircrew Summary/Close-Out Report*) for

each mission. If applicable, the team leader will ensure flight forms are accomplished to accurately record NMR and/or MR PT's evaluation and progress. These forms will be placed in PT's 6-part FEF.

4.6. Redeployment to CONUS. If applicable, members will inventory and re-pack all FFQB1 medical equipment assets according to the pack-out list. Any hazardous items will require appropriate documentation. All personal gear will be packed in personal bags only. DO NOT pack personal items in FFQB1 asset containers.

4.7. Flight Records. In accordance with AFI 11-401, *Aviation Management*, the original copy of the AFTO Form 781, *ARMS Aircrew/Mission Flight Data Document* must be provided to the HARM office no later than 5 days after the end of the month in which the flights were performed. For example, the AFTO Form 781 for a flight flown in March must be turned in to the servicing HARM office no later than (NLT) 5 April.

4.8. Post-Deployment Health Risk-Assessment. All members will complete DD Form 2796, *Post-Deployment Health Risk Assessment*, before entering reconstitution or leave status. DD Form 2900, *Post-Deployment Health Reassessment*, will be accomplished online 90-180 days after return.

4.9. Mission Folder. All HAAMS PTs will maintain a mission folder which will contain, at a minimum, the following items: Current AF Form 1887, *Aeronautical Order (PA) Aviation Service*, AF Form 1042, *Medical Recommendations for Flying for Special Operational Duty*; AF Form 702, *Individual Physiological Training Record* or AF Form 1274, *Physiological Training*; AFTO 781 (blank); AFI 11-403, AFI 11-409, AFI 11-410, High Altitude Airdrop Procedures Section of Applicable Aircraft 11-2C-XV3, Oxygen Requirements Section of AFI 11-202V3, Checklists, Forms, Reports, HAAMS Program Manager's Emergency Contact Numbers, and if applicable, line badge and passport.

4.10. Security. All aspects of communications security (COMSEC) and operational security (OPSEC) are fully implemented and rigidly enforced. Personnel will be in/out-briefed on the sensitivity/classification of the operations they are supporting once they arrive on-site. The use of Secret Internet Protocol Router Network (SIPRNET) is expected for sensitive or classified information. Member(s) will communicate with their user group to determine classification level before sending information forward.

CHAPTER 5 LOGISTICS

5.1. Overview. The FFQB1 UTC improves HAAMS PT's ability to support airdrops at deployed locations. It provides a world-wide deployable medical equipment and supplies pallet for two-person HAAMS team. This UTC is generally used in conjunction with FFQBB, which provides the support personnel. Agile combat support is required and the pilot unit is the HAAMS Center at Little Rock AFB, AR.

5.2. Inspection/Inventory Requirements. The FFQB1 pallet is governed by AFI 41-209, *Medical Logistics Support*. This instruction provides guidance for establishing and operating medical logistics support for MTFs. Perform a complete or cyclical inventory so all items are inventoried within 12 months of their previous inventory (the actual due date for inventory completion is the final calendar day of the anniversary month, e.g., if the previous inventory closed on 15 March, the next must be completed NLT 31 March of the following calendar year).

5.3. Allowance Standard (AS). The FFQB1 pallet enables PTs to perform their mission for 30-days without re-supply. The pallet contains specialized oxygen equipment used to perform HAAMS. It is built on a standard USAF 463L pallet with an overall dimension of 88 X 108 inches with usable dimensions of 84 X 104 inches. This allows two inches around the load to attach straps, nets, or other restraint devices. The 463L pallet system and nets will restrain up to 10,000 pounds of general cargo 96 inches high.

5.4. Re-Supply, Re-Constitution/Sustainment. Expeditionary Medical Logistics provides timely re-supply of ordered items to deployed medical units. Upon deployment notification, Medical Logistics personnel should contact the Air Force Medical Logistics Operations Center (AFMLOC), to receive re-supply guidance for the specific destination/location at DSN 343-4172/2883/4294, email afmoa.sgalx.afmloc@detrick.af.mil or the Air Force Medical Logistics Readiness website <https://medlog.detrack.af.mil/index.cfm?event=medlog.readiness>. Re-supply orders will flow from the closest designated host medical treatment facility or reach-back support facility. Once logistical support is present, the Theater Lead Agent for Medical Materiel (TLAMM) may become the source for all medical supply needs. Refer to AFTTP 3-42.8, *Expeditionary Medical Logistics System*, for further guidance. Members are expected to predict supply needs so regular logistic channels and support can be used.

5.5. Post Deployment Inventory and Reconstitution. PT(s) will coordinate with the HAAMS Program Manager and/or the pilot unit to determine where the pallet(s) will be returned for inventory and re-supply. Members are responsible for identifying any equipment that failed, requires maintenance, or is missing at the time the assets are returned. AMC/SG supplement to AFI 41-209 requires the Medical Logistics Flight to perform a complete inventory and report stick status within 30 days upon receipt of re-deployed assets.

CHAPTER 6 TRAINING

6.1. Introduction/Objective. The overall objective of the PT training program is to develop and maintain a high state of MR PT personnel for rapid employment across the full spectrum of operational requirements. PT personnel will be able to interface with airlift operations, prepare any mobility aircraft for high altitude equipment or personnel airdrops, and provide appropriate en route and post mission physiological support using certified PT equipment.

6.2. Responsibilities. HQ AMC/SG is the HAAMS MRA and is responsible for UTC manpower and ensures personnel tasked are properly trained and equipped to conduct operations IAW the FFQBB MISCAP. The AF HAAMS Program Manager approves training, operations and Stan/Eval procedures. The HAAMS Center is responsible for conducting and tracking all training and Stan/Eval across the AF.

6.3. Documentation. As OSF members, PT's contribute to flight safety and effectiveness through training and experience. Accurate, detailed documentation is necessary to track progress and ensure each PT is qualified to support various types of missions. All NMR and MR PT initial and mission qualification evaluations and continuation training will be documented and maintained in the individual's HAAMS 6-part FEF or equivalent.

6.3.1. AF Form 1522 *ARMS Additional Training Accomplishment Report/4022 Aircrew Training Folder* – Used to document all ground training events. Only Mission-Designed Series (MDS) instructor designated aircrew member(s) can sign off on egress and Emergency Procedures (EP) training using AF Form 1522. This training will be transferred over to AF Form 4022. Maintain AF Form 1522 in member's 6-part FEF until the training is re-accomplished.

6.3.2. AF Form 4023 *Aircrew Training Progress Report* – Used to document member's progress on academics, hands-on and flight training. This form will be used to document each training event and will include a statement of progress (e.g., student on track).

6.3.3. AF Form 4024 *Aircrew Training Accomplishment Report* - Lists ground and flight METL and other special interest items (SII).

6.3.4. AF Form 4025 *Aircrew Summary/Close-Out Report* - Provides detail summary of initial and mission qualification training. Includes strengths/weaknesses and recommendation for upgrades and check rides.

6.4. PT 6-Part Flight Evaluation Folder. This folder will contain all documentation pertaining to PT training and will include the following:

6.4.1. Part 1: Volunteer Letter, UTC Appointment Letter, AF Forms 1522, 4022, 4023, 4024 and 4025.

6.4.2. Part 2: AO, AF Form 1098 (or equivalent), AF Forms 702 and 1042.

6.4.3. Part 3: Trip Reports (Current FY).

6.4.4. Part 4: TDY Orders, Travel Vouchers (Current FY).

6.4.5. Part 5: AFTO Form 781s (Current FY).

6.4.6. Part 6. Passport, Immunization Record, Geneva Conventions Card, Military ID tags.

6.5. PT Training. The HAAMS Center will coordinate, conduct, document and track academic, ground, flight, and on-the-job training.

6.5.1. Initial Qualification Training. This training is for individuals who have little to no HAAMS experience or who were previously qualified but have not been involved in airdrops for more than five years. Individuals undergoing initial qualification training will be considered NMR.

6.5.1.1. Prerequisites for Initial Qualification Training.

6.5.1.1.1. At least 2 years experience in Aerospace and Operational Physiology career field

6.5.1.1.2. Minimum AFSC 4M051 or 43A3

6.5.1.1.3. Complete HAAMS Center Director/Superintendent and HAAMS Program Manager interview. Purpose is to ensure each candidate demonstrated good motivation, judgment and maturity and understands required training, roles and responsibilities. Additionally, candidate's knowledge, skills and ability to recognize and treat physiological reactors will be assessed.

6.5.1.1.4. Complete two C-130 low-level flights to assess adaptability to the flying environment.

6.5.1.1.5. After the candidate meets the above criteria, the HAAMS Program Manager will initiate a volunteer letter outlining standards and expectations. The letter will be signed by the candidate and maintained in the individual's 6-part FEF.

6.5.1.2. Required Courses: The following courses must be completed prior to receiving MR PT status: Combat Survival S-V80-A, Emergency Parachute Training S-V80-B, and Water Survival S-V86-A. These courses may be completed concurrently with MR initial qualification training. In the event of a physiologic event, Physiology Technicians, unless otherwise trained to the EMT-B, will render assistance at the self-aid and buddy care level only.

6.5.1.3. Recommended: Basic Emergency Medical Technician, Arctic Survival S-V87-A, Water Survival Non-Parachuting S-V90-A, U.S. Army's Basic Airborne, Military Freefall Parachutist, and manufacturer's oxygen equipment operators/maintenance courses.

6.5.1.4. HAAMS Course. The HAAMS Program Manager is responsible for conducting the self-paced academic and hands-on training course. It will commence once prerequisites listed in paragraph 6.5.1.1. have been completed. Course duration is approximately 10 duty days and will cover subjects and equipment listed in the METL. If available, local C-130 equipment and/or parachute sorties will be coordinated to familiarize NMR PTs with various types of flight operations and missions. Additional Special Interest Items (SIIs) may be added to the course. Certificate of completion will be signed by the HAAMS Program Manager and HAAMS Center Director and placed in the member's 6-part FEF.

6.5.1.5. Initial Ground Qualification Training. The primary MDS for HAAMS is the C-130 and C-17. If possible, hands-on C-130 and C-17 egress and EP training will be accomplished by any instructor designated aircrew member. Minimum requirements are listed in the AFI 11-2C Vol 1 series of each MDS and include local area survival, aircraft emergency procedures and equipment, ground and in-flight safety issues, compatibility of PT equipment with the aircraft, and a ground training period. An MDS instructor certifies requirements on AF Form 1522. PTs will then transfer training information to AF Form 4022.

6.5.1.6. Initial Flight Qualification Training. The HAAMS course and initial ground qualification training must be completed prior to flight training. Flight training involves real-world non-contingency tasking or local sorties. Each NMR PT will participate in a minimum of five oxygen equipment sorties (additional sorties recommended and as deemed necessary) with two at or above FL200, accompanied by an MR PT. The NMR PT will progressively assume more responsibilities until capable of handling all aspects of a mission. MR PTs will use AF Form 4023 and document NMR PT's progress on each sortie.

6.5.1.7. Initial Qualification Evaluation. When the NMR PT satisfactorily completes flight training and the minimum number of sorties, he/she will act as the team leader on a subsequent mission and be evaluated by a MR PT using the evaluation checklist. This mission evaluation includes, but is not limited to, pre-mission, mission and post-mission checklist compliance. Based on the NMR PT's performance, the MR PT will use AF Form 4025 and recommend upgrade/not upgrade to MR status. The HAAMS Program Manager will review the NMR PT's 6-part FEF and make a final determination of NMR or MR status. Individuals not selected for MR status will be counseled and a personalized training plan will be designed to assist in their upgrade training.

6.5.2. Mission Ready PT. An MR PT is someone who is trained, current and available short-notice for world-wide deployment for contingency and non-contingency missions. MR PTs are responsible for immediately reporting any changes to their status to the HAAMS Program Manager.

6.5.3. Requalification Training. Previously qualified PTs who have not been involved in airdrops for three years but less than five years will receive requalification training based on individual proficiency. Specific training requirements will be determined by the HAAMS Program Manager.

6.6. Continuation Training. MR PTs are specially trained and are qualified in various types of oxygen support equipment and deploy on different types of MDS aircraft. As a result, MR PTs must continuously improve their knowledge, skills and experience to be fully operational and capable of supporting non-contingency and contingency operations.

6.6.1. Readiness Skills Verification Program. The HAAMS Program Manager will design a quarterly training program that includes items listed in the ground and flight METL. The objective is to cover all items once/year. Special Interest Items, or high interest items as determined by leadership, may be added. NMR PTs may participate to fulfill requirements for MR status. RSVP training will be documented by the Unit Training Manager in the Medical Readiness Decision Support System (MRDSS).

CHARLES B. GREEN
Lieutenant General, USAF, MC, CFS
Surgeon General

ATTACHMENT 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

AFMAN 33-363, *Management of Records*, 1 March 2008
AFI 10-401, *Air Force Operations Planning and Execution*, 7 December 2006
AFI 11-202V1, *Aircrew Training*, 22 November 2010
AFI 11-202V3, *General Flight Rules*, 22 October 2010
AFI 11-401, *Aviation Management*, 10 December 2010
AFI 11-403, *Aerospace Physiological Training Program*, 20 February 2001
AFI 11-409, *High Altitude Airdrop Mission Support Program*, 1 December 1999
AFI 11-410, *Personnel Parachute Operations*, 4 August 2008
AFI 41-106, *Medical Readiness Program Management*, 1 July 2011
AFI 41-209, *Medical Logistics Support*, 30 June 2006
AFTTP 3-42.8, *Expeditionary Medical Logistic*, 3 October 2011
T.O. 15X-2-6-11, *Operation and Maintenance Instruction with Illustrated Parts Breakdown, Parachute Oxygen Systems*, 15 June 2003

Forms Utilized

DD Form 2795, *Pre-Deployment Health Risk Assessment*
DD Form 2796, *Post Deployment Health Risk Assessment*
DD Form 2900, *Post-Deployment Health Reassessment*
AF Form 702, *Individual Physiological Training Record*
AF Form 847, *Recommendation for Change of Publication*
AF Form 1042, *Medical Recommendations for Flying for Special Operational Duty*
AF Form 1098, *Special Task Certification and Recurring Training*
AF Form 1274, *Physiological Training*
AF Form 1522, *ARMS Additional Training Accomplishment Report*
AF Form 1887, *Aeronautical Order (PA) Aviation Service*
AF Form 4022, *Ground Training Folder*
AF Form 4023, *Aircrew Training Progress Report*
AF Form 4024, *Aircrew Training Accomplishment Report*
AF Form 4025, *Aircrew Summary/Close-Out Report*
AFTO Form 781, *ARMS Aircrew/Mission Flight Data Document*

Abbreviations and Acronyms

AEF	Air Expeditionary Force
AFMAN	Air Force Manual
AFMLOC	Air Force Medical Logistics Operations Center
AFMOA	Air Force Medical Operations Agency
AFRIMS	Air Force Records Information Management System
AFSC	Air Force Specialty Code
AFTTP	Air Force Tactics, Techniques, and Procedures
AGL	Above Ground Level
AMC	Air Mobility Command

AO	Aeronautical Orders
ARM	Aviation Records Management
ART	Aerospace Expeditionary Forces Reporting Tool
AS	Allowance Standard
ASC	Aviation Service Code
COMSEC	Communications Security
CONUS	Continental United States
DoD	Department of Defense
DRRS	Defense Readiness Reporting System
ESORTS	Enhanced Status of Resources and Training System
FEF	Flight Evaluation Folder
EP	Emergency Procedures
FL	Flight Level
HARM	Host Aviation Records Management (ARM) Office
HAAMS	High Altitude Airdrop Mission Support
HAHO	High Altitude High Opening
HALO	High Altitude Low Opening
HAP	High Altitude Parachutist
IAW	In Accordance With
LM	Loadmaster
MAJCOM	Major Command
MDS	Mission-Design Series
MEFPAK	Manpower and Equipment Force Packaging
MEGP	Mission Essential Ground Personnel
METL	Mission Essential Task List
MISCAP	Mission Capabilities
MISO	Military Information Support Operations
MR	Mission Ready
MRA	MEFPAK Responsible Agency
MRDSS	Medical Readiness Decision Support System
MSL	Mean Sea Level
MTF	Medical Treatment Facilities
MRL	Medical Resource Letter
NCOIC	Non-Commissioned Officer in Charge
NLT	Not Later Than
NMR	Non-Mission Ready
PsyOps	Psychological Operations
OCO	Overseas Contingency Operations
OPR	Office of Primary Responsibility
OPSEC	Operational Security
P/B	Pre-Breathing
PT	Physiology Technician
RDS	Records Disposition Schedule
RSVP	Readiness Skills Verification Program
SII	Special Interest Item
SOF	Special Operations Forces

SORTS	Status of Resources and Training
SIPRNET	Secret Internet Protocol Router Network
SG	Surgeon General
TLAMM	Theater Lead Agent for Medical Materiel
TTP	Tactics, Techniques, and Procedures
UTC	Unit Type Code

**ATTACHMENT 2
APPROVED HAAMS EQUIPMENT LIST**

For peacetime support of high altitude operations and readiness skills training, the following is a list of equipment items for each unit with at least one UTC. Part #s are referenced from T.O. 15X-2-6-11 *Operation and Maintenance Instruction with Illustrated Parts Breakdown, Parachute Oxygen Systems*. Contact Little Rock AFB (DSN 731-7389) for vendor source.

MISSION ESSENTIAL:

Nomenclature	P/N	QTY
Oxygen System, Portable, 6-Person	7920030-21	2
Oxygen System, Portable, 2-Person	8220006-5	1
Oxygen supply hose assembly w/ 4-pin QD	7920031-9	16
98 inch Hose assemblies (extensions)	8130007-1	10
Transient Case, 6-Person	9080001	2
Transient Case, 2-Person	9080002	1
100-Cubic Inch Portable Oxygen System w/ Satchel Assembly	9320113-3	3
Airox VIII Oxygen Metering Valve	8520031-1	3
Oxygen Charging Assembly	T80-3007-9	2
Wrist Altimeter MA3-30 or suitable sub		2
Oxygen Systems Tool Kit or suitable sub (locally purchased tool kits may be built using fig 7-33 as a model)	9080000	1
Torso Harness PCU-15/P		2
Watch w/ stopwatch capability	Local purchase	2
Console tie-down assembly or suitable sub	8220012-1	6
A/C compatible Comm cord extension		2
Test Kit (Airox VIII, oxygen consoles)	8820061-1	1
High impedance microphone (C-17)		4
Medical Kit	Locally built	2
Dry-erase slate (passing messages to jumpers)	Local purchase	2
Components, on-off valve (100-Cubic Inch Portable Oxygen System)	9020161	3
Spare Parts Kits (locally built to repair oxygen masks, helmets, and portable oxygen systems)		
Flashlights (red lens)	Local purchase	2
Aircraft Cargo Straps		4
Mobility Bag Equipment for Personnel Assigned to a HAAMS UTC:		
Body Armor (AF approved for flight)		1
Survival vest (AF approved, compatible with body armor)		1
Cold weather clothing		1
Sleeping bag (light weight/compact)	Local purchase	1

Nomenclature	P/N	QTY
Backpack-style Water Container	Local purchase	1
Gortex jacket/pants	Local purchase	1 each
Backpack	Local purchase	1 each
Carabiner	Local purchase	2 each